

2015
APPLICATION TO OPERATE A PERMANENT
FOOD SERVICE ESTABLISHMENT
PERMIT YEAR IS APRIL 1ST THROUGH MARCH 31ST

FOOD SERVICE NAME AND LOCATION

MAILING ADDRESS

Please print clearly and fill in all blanks

BUSINESS NAME: _____

NAME: _____

OWNER NAME: _____

ADDRESS: _____

STREET: _____

CITY _____ STATE: _____ ZIP: _____

CITY _____ ZIP: _____

BUSINESS PHONE: _____

Email: _____

DAY TIME PHONE: _____

Check all that apply

☐ New Permit ☐ Permit Renewal ☐ Change of Ownership ☐ Change of mailing address ☐ Classification Change: _____
Change of Business Name _____ Previous Business Name: _____

Are you interested in having an interpreter for on-site visits? If yes, what language? _____

A "Chain Food Establishment" is one of at least 15 establishments within the United States doing business under the same name, collectively having at least \$1 million in gross annual sales and offering substantially the same menu items (80% or more) by number, regardless if under the same ownership or type of ownership. Trans fat and Menu Labeling information available at:

www.kingcounty.gov/health/healthyeating Does your establishment qualify as a "Chain Food Establishment"? ☐ Yes ☐ No

Notice: By signing this form, you attest to the accuracy of the information and that you will comply with the food code.

SIGNATURE: _____ **DATE:** _____

Call (206) 263-9566 if you do not receive a renewal application by February 28th. Be sure to renew your permit before it expires.

PAYMENT INFORMATION

See back of form for fee schedule, refund policy, and where to submit this application.

New! Now you can renew on-line at <http://www.kingcounty.gov/healthservices/health/ehs/portal.aspx>

Check if applicable:

New operation, date opening _____

Permit Fee \$ _____

Seasonal operation:

Late Fee \$ _____

Date of opening _____

Field Plan Review Fee \$ _____

Date of closing _____

Seating capacity _____

Total Due \$ _____

Check or Money Order, Payable to: **SKCDPH**

Please circle:

VISA Master Card Discover Card Number: _____/_____/_____/_____

Card Billing Ad _____ City: _____ ZIP: _____

Card Expiration Date: _____ 3 Digit Code (on back): _____

Required Signature (as on Credit Card): _____

OFFICE USE ONLY

PR _____ FA _____ PE _____ PLAN REVIEW SR _____

VARIANCE SR _____ CHECK NUMBER _____ DATE FACILITY OPENED _____

INSPECTOR NAME (print) _____ SIGNATURE _____ DATE _____

Food Establishment Categories and Permit Fees 2015

Effective 3/21/15 - 12/31/15

PERMIT CATEGORY*	Classification/Fee Risk 1	Classification/Fee Risk 2	Classification/Fee Risk 3
General Food service- 0-12 seats	6701 - \$380	6702 - \$576	6703 - \$819
General Food Service- 13-50 seats	6711 - \$380	6712 - \$615	6713 - \$868
General Food Service- 51-150 seats	6721 - \$380	6722 - \$615	6723 - \$947
General Food Service- 151-250 seats	6731 - \$380	6732 - \$753	6733 - \$1,049
General Food Service- over 250 seats	6741 - \$390	6742 - \$822	6743 - \$1,158
Limited Food service- no permanent plumbing	6757 - \$380	NA	NA
Bakery- no seating	6751 - \$452	6752 - \$540	6753 - \$795
Bed and Breakfast	6761 - \$379	NA	NA
Grocery Store- no seating	6765 - \$371	6766 - \$687	NA
Caterer	6771 - \$493	6772 - \$640	6773 - \$795
Meat/Fish Market	NA	NA	6777 - \$827
Vending Machine	6775 - \$350	NA	NA
Mobile Food Unit	6781 - \$519	6782 - \$830	6783 - \$1,070
Nonprofit Institution - unlimited seating, 501 (C)(3) status, Washington State Commission for the blind status, or municipal jail.	6735 - \$380	6736 - \$576	6737 - \$819
School Lunch Program	NA	6792 - \$578	NA

*An applicant for an annual food establishment permit who submits the application after September 30 shall pay one-half the applicable annual permit fee for the remainder of the permit year.

PLAN REVIEW FEES

New Construction	4 hour base fee (\$860) + \$215/hr after 4 hours
Remodel	3 hour base fee (\$645) + \$215/hr after 3 hours
Multiple plan review in one facility	3 hour base fee (\$645) + \$215/hr after 3 hours
Resubmitted plan review-billable	\$215/hr
Subsequent preoccupancy or field plan review	2 hour base fee (\$430) + \$215/hr after 2 hours
Changes to Mobile and Limited Food Service Establishments	\$430 + \$215/hr after 2 hours

PRORATION SCHEDULE FOR SEASONAL FOOD ESTABLISHMENTS

“Seasonal food establishment” means a food establishment that routinely operates for less than twelve consecutive months each year.

Operating 4 or fewer months	25% of annual permit fee
Operating more than 4 and up to 7 months	50% of annual permit fee
Operating more than 7 and up to 10 months	75% of annual permit fee
Operating more than 10 months and up to 12 months	100% of annual permit fee

LATE FEES

Annual permits 10-30 days	10% of annual permit fee
Annual permits 31 days – 60 days	20% of annual permit fee
Annual permits more than 60 days	30% of annual permit fee
Seasonal permits	\$25

MISCELLANEOUS FEES

Duplicate permit	\$25
Facility Name Change (with no other changes)	\$25
Request for variance	\$215/hr
Check returned by bank	\$25
Processing a refund	\$25
After hours inspection	Cost of service

Refund Policy

Permit fees may only be refunded if Public Health denies the permit application, the applicant withdraws the application before the permit is issued, the food establishment permit has been overpaid, or as otherwise provided in BOH 2.10.100. An administrative fee of \$25 is deducted from each refund (BOH 2.06.070).

MAKE CHECKS PAYABLE TO:	SKCDPH
MAIL TO:	Public Health – Seattle & King County
	Downtown Environmental Health
	401 - 5th Avenue, Suite 1100
	Seattle, WA 98104
PERMITS AND LICENSES PHONE:	206-263-9566 Fax- 206-296-0189
WEBSITE:	http://www.kingcounty.gov/health/foodsafety